FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

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SECTION 1 - General Informa	tion																
Name and Mailing Address of	of Res	spondent															
Nsight Telservices/New-Cell LLC/Nsight Spectrum, LLC 450 Security Blvd Green Bay, WI 54313													Check here if this is a change of address.				
Year Report Filed		ing Date of Pa	ny		4. Number	of Full-Time Er											
2018			Period Co	overed by Re	port)			Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)									
SECTION II - Full-Time Emplo	yees																
Job			Number of Employees (Report employees in only one category)														
	Ī		Race/Ethnicity														
Categories	t		inic or			700 A		1	Not-Hispan	ic or Latino					Total		
		Latino				Ma	ale				Female					Columns A - N	
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Α-Ν	
		Α	В	С	D	E	F	G	н	ı	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1			6						1						7	
First/Mid-Level Officials and Managers	1.2	3	1	96	1		1			82						184	
Professionals	2	1		79	1		3	1	2	37			1		2	127	
Technicians	3	3	1	93	1	1	3	1	1	10			1			115	
Sales Workers	4	3	2	59	2		2		2	56			1		2	129	
Administrative Support Workers	5	2	6	46				1	2	108	2		2		2	171	
Craft Workers	6			1							-					1	
Operatives	7			1				1		-						2	
Laborers and Helpers	8															0	
Service Workers	9		1	1						3					1	6	
TOTAL	10	12	11	382	5	1	9	4	7	297	2	0	5	0	7	742	
PREVIOUS YEAR TOTAL	11															0	

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SECTION III - Part-Time Emple	oyees.															
		Number of Employees (Report employees in only one category)														
Job Categories		Race/Ethnicity														
	Hispanic or			Not-Hispanic or Latino												
		Latino	Male						Female						Total Columns A - N	
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
	Α	В	С	D	E	F	G	н	, 1	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1														0	
First/Mid-Level Officials and Managers	1.2														0	
Professionals	2		1						2						3	
Technicians	3														0	
Sales Workers	4		4						6						10	
Administrative Support Workers	5	1	1						3				1		6	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9		2						6			1	1		10	
TOTAL	10 0	1	8	0	0	0	0	0	17	0	0	1	2	0	29	
PREVIOUS YEAR TOTAL	11														0	
SECTION IV - Report of Discri	imination Co	mplaints Pursu	ant to 47 CF	R 22.321, 23.	55, 90.168, 10 ⁻	1.4, and 101	.311.									
This is to advise th company before ar									ritorial, or loc	al statutes hav	e been filed a	against this				
This is to advise th (Attach a list indica																
SECTION V - Certification I certify that to the best of my kr	nowledge, info	ormation, and be	lief. all staten	nents in this re	port are true a	nd correct.										
		ped or Printed Name of Person Signing Standards Telephone No.														
1	Susan P		59	Taponen								(920) 617-7012				
Title of Person Signing CHRO & VP of Hu	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).															